
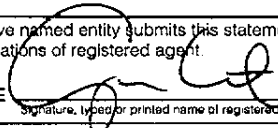
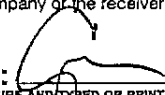


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2006 08:00 AM**  
**Secretary of State**

|  |   |  |  |   |
|--|---|--|--|---|
| <b>DOCUMENT # L05000118302</b>   |   |  |  |  |
| 1. Entity Name<br><b>GELI DE MORA LLC</b>  |   |  |  |   |
| Principal Place of Business<br><b>1500 CORAL WAY<br/>MIAMI, FL 33145</b>   |   | Mailing Address<br><b>1500 CORAL WAY<br/>MIAMI, FL 33145</b> |  |   |
| 2. Principal Place of Business   |   | 3. Mailing Address   |  |   |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |  |   |
| City & State   |   | City & State   |  |   |
| Zip  | Country   | Zip  | Country  | 4. FEI Number<br><b>05012006 Chg-LLC CR2E083 (11/05)</b>                          |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | <b>\$5.00</b> Additional Fee Required   |
| 6. Name and Address of Current Registered Agent  |   |  | 7. Name and Address of New Registered Agent  |   |
| <b>CASTELLANO, GIOVANNI<br/>1688 CORAL WAY<br/>MIAMI, FL 33145</b>   |   |  | Name   |   |
|  |   |  | Street Address (P.O. Box Number is Not Acceptable)   |   |
|  |   |  | City   | <b>FL</b> Zip Code  |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  |   |  |  |   |
| SIGNATURE    |   |  | DATE <b>4/30/06</b>  |   |
| Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)  |   |  |  |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2006</b>  |   | <b>Make check payable to<br/>Florida Department of State</b> |  |   |
| 9. MANAGING MEMBERS/MANAGERS   |   |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>MORA, MARCOS<br>1500 CORAL WAY<br>CORAL WAY, FL 33145 <input type="checkbox"/> Delete      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>VERDUZCO, ANGELES<br>1500 CORAL WAY<br>CORAL WAY, FL 33145 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <b>U00000562296</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>05/19/06-80044-024 50.00</b> |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP               | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. |   |  |  |   |
| SIGNATURE:    |   |  | DATE <b>4/30/06</b>  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |   |  | Date Daytime Phone #   |   |